

TOWN OF LAKE PARK
535 Park Avenue
Lake Park, Florida 33403
Phone (561) 881-3318
Fax (561) 881-3323

Zoning Certificate



FOR COMMERCIAL LOCATIONS ONLY

A **NON-REFUNDABLE** ADMINISTRATIVE FEE OF \$85.00 IS DUE AT TIME OF SUBMITTAL. APPLICATION PROCESS MUST BE COMPLETED WITHIN 30 DAYS OF BUSINESS OPENING. BUSINESSES OPERATING IN VIOLATION OF THE TOWN CODE OF ORDINANCES WILL BE SUBJECT TO CODE ENFORCEMENT ACTIONS.

- **FOOD ESTABLISHMENTS** MUST SUBMIT THE STATE FOOD INSPECTION REPORT *PRIOR* TO OPENING
- **ALL BUSINESS ESTABLISHMENTS** MUST SUBMIT THE FIRE & ZONING INSPECTION SHEET *PRIOR* TO OPENING
- **ALL APPLICABLE UTILITY APPROVALS** MUST BE SECURED *PRIOR* TO OPENING

DATE: _____ BUSINESS LOCATION _____

Business Information:

☐ New Business ☐ Ownership Transfer and/or Name Change ☐ Location Transfer ☐ Additional Business

DATE BUSINESS OPENED: _____

E-Mail Address: _____ (required to receive Town e-mail updates)

Name of Business: _____

Name of Business Owner: _____

Mailing Address: _____

Business Telephone: _____ Business Website Address: _____

Property Owner:

Property Owner Name: _____

Property Owner Address: _____

Property Owner E-Mail Address: _____ Telephone: _____

Business Details:

Type of Business Proposed: _____

Is this an Accessory Use to another business? ☐ Yes ☐ No Hours of Operation: _____

Please explain proposed business operation in detail: _____

Unit Size (Sq. ft.): _____ Max. Number of Employees: _____ Number of Parking Spaces: _____

Please provide each of the following, if applicable:

- ☐ Fictitious Name Registration or proof of exemption
- ☐ Corporation Registration/Articles of Incorporation/LLC
- ☐ State Business or Professional License(s), if applicable

**FOR OFFICIAL USE ONLY
TO BE COMPLETED BY STAFF**

Business Name: _____

Business Address: _____

ZONING APPROVALS

Initial Zoning Use: Approved ☐ N/A ☐ Date _____ Init _____

Zoning District: _____ Section Citation: _____

Use: _____

Description: _____

Additional Zoning
Conditions: _____

Public Works/Sanitation Approved ☐ N/A ☐ Date _____ Init _____

INSPECTIONS *

**** Units must be set up and ready for inspection prior to inspections being scheduled – ALL inspections must be scheduled at least 24 hours in advance****

Palm Beach County Fire-Rescue
(billed separately through PBCFR) Approved ☐ N/A ☐ Date _____ Init _____

Zoning
(included within Application Fee) Approved ☐ N/A ☐ Date _____ Init _____

(To include landscaping, parking, height, setbacks, as applicable)

IF additional approvals are required, please explain:

Community Development Zoning Certificate Approval

By: _____

Title: _____

Date: _____

****A copy of the completed Zoning Certificate Application will be e-mailed to Applicant****

Version: 06/17/2016. All previous versions are obsolete